Bi -Weekly Time Sheet

(Please print legibly throughout this entire form.)

Name: _____

SSN:_____ PH# _____

Address: _____

City:_____ State:_____ Zip: _____

Pay Period: _____ Due Date:_____

Status: _____ Number of Dependents: _____

First Week

Location or Event	Date	Time In	Time Out	Location 2	Time In	Time Out	Total Hours
	S						
	M						
	T						
	W						
	Th						
	F						
	S						
	Weekly Totals:						

Second Week

Location or Event	Date	Time In	Time Out	Location 2	Time In	Time Out	Total Hours
	S						
	M						
	T						
	W						
	Th						
	F						
	S						
	Weekly Totals:						
					Bi-Weekly Totals:		

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____